

SOCIAL HISTORY

MS STATE VETERANS AFFAIRS BOARD

3466 Hwy 80 East
P.O. Box 5947
Pearl, MS 39285-5947

We have found through experience that the more we know about our residents when they come into our facility the better care we can give. Often details of a person's past life which we never thought of asking about turn out to be important factors in their happiness here. Your replies are completely confidential and will be used only for professional purposes. Sending the completed form in advance will save you time on admission. If you are uncertain about any questions, you can discuss them with one of us.

I. CURRENT SITUATION

A.		ALONE	NEEDS HELP	UNABLE	
1.	Dressing	_____	_____	_____	
2.	Washing hands and face	_____	_____	_____	
3.	Bathing and skin care	_____	_____	_____	
4.	Getting in and out of bed	_____	_____	_____	
5.	Getting in and out of a chair	_____	_____	_____	
6.	Hair care	_____	_____	_____	
7.	Fingernail care	_____	_____	_____	
8.	Toenail care	_____	_____	_____	
9.	Shaving	_____	_____	_____	
10.	Brushing teeth and/or dentures	_____	_____	_____	
11.	Toilet use	_____	_____	_____	
12.	Bowel control:	_____Normal _____Occasional loss of control _____Unable to control			
		_____Enemas _____uses suppositories			
		Frequency _____ Time of Day _____			
		Any "help" used _____			
13.	Bladder control:	_____Normal _____Occasional loss of control _____Unable to control			
		_____Catheter			
		Frequency _____ Time of Day _____			
B. Walking (check all that apply)					
_____	Normal	_____	Cane(s)	_____	Wheel Chair
_____	Slow but steady	_____	Crutch(es)	_____	Brace
_____	Unsteady	_____	Walker	_____	Artificial Limb
_____	Not walking	_____	Climb Stairs		
_____	Up in chair only	_____	Bedridden		

Resident Name _____ Physician _____ Date _____

Describe falls or injuries resident has had: _____

Name preferred to be called: _____

- C. Eating:
1. Foods residents dislikes _____
 2. Foods which cause allergies _____
Foods which cause indigestion _____
 3. Appetite (check one) ☐ poor ☐ normal ☐ overeats
 4. Eating (check one) ☐ feeds self ☐ needs help ☐ spoon fed ☐ tube fed
 5. Describe use of alcoholic drinks _____
Any objections to alcoholic drinks prescribed by physician? _____
 6. Does resident smoke _____ If yes, state type & supply _____
Does he/she object to being with those who smoke? _____
- D. Sleeping (check all that apply)
- Usual bedtime at _____ P.M. Usually wake-up time _____ A.M. If takes nap, time _____
- ☐ restless ☐ wandering at night ☐ unable to use nurse call signal
- ☐ daytime dozing ☐ needs side rails
- E. Describe any impairments or problems:
1. Speech _____
If impaired, how does resident communicate? _____
 2. Writing _____
☐ right handed ☐ left handed ☐ both
 3. Vision _____
☐ glasses Reading ability _____
 4. Hearing _____ Better ear _____
☐ hearing aid Type _____
Battery No. _____ Where to buy batteries _____
Where to get hearing aid repaired _____
 5. Teeth and mouth _____ Upper ☐ Lower ☐ Dentures _____
 6. Skin _____
Bedsore _____
 7. Feet _____
 8. Other physical conditions requiring care: _____
 9. Problems getting resident to take medicine or treatment _____
 10. Medicines or treatment resident has reacted unfavorably to or is allergic to: _____
- F. Check all of the following which describe present condition(s). (If occur only occasionally, indicate when)
Star (*) items developed in recent month(s).
- | | | |
|---|--|--|
| <input type="checkbox"/> Sociable | <input type="checkbox"/> Hearing things that are not there | <input type="checkbox"/> Slightly forgetful |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Prefers to be alone | <input type="checkbox"/> Very forgetful |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Prefers groups | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Too independent | <input type="checkbox"/> Silent | <input type="checkbox"/> Often angry |
| <input type="checkbox"/> Mentally alert | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Worrier |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Reserved | <input type="checkbox"/> Easily fatigued |
| <input type="checkbox"/> Temper outbursts | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Fears of death |
| <input type="checkbox"/> Cries easily | <input type="checkbox"/> Has talked of suicide | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Excessive laughing | <input type="checkbox"/> Has attempted suicide | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Wants to get well | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Noisy | <input type="checkbox"/> Chronic complainer | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Loss of self esteem | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Poor judgement |
| <input type="checkbox"/> Believes people are against them | | <input type="checkbox"/> Sees things not there |

II. PAST LIFE

- A. Early family life
1. Born and raised _____
(If foreign born) Age came to U.S. _____ Citizen now? _____
 2. Father's name _____ Birthplace _____
 3. Mother's maiden name _____ Birthplace _____
 4. Names, age and descriptions of brothers and sisters of resident and present contact and relationship with resident: _____

- B. Education
Grade completed _____ On-the-job training _____
- C. Occupation
Main jobs _____
- D. Travels - where and when? _____

- E. Retirement
1. Planning in advance _____
 2. Date of retirement _____ Voluntary or Involuntary _____
 3. Reaction of retirement was: _____
 4. Work subsequent to retirement _____
- F. Marriage (If wife, give maiden name)
1. Spouse's name _____
 2. Date of marriage _____
 3. Divorced? _____ Widowed? _____
 4. Reaction to death of spouse _____
 5. Describe the important characteristics of the marriage as you know them _____

6. Children:
- | | |
|---|--------------------|
| Name _____ | Spouses name _____ |
| Grandchildren _____ | |
| Present contacts and relationships with resident _____
_____ | |
| Name _____ | Spouses name _____ |
| Grandchildren _____ | |
| Present contacts and relationships with resident _____
_____ | |
| Name _____ | Spouses name _____ |
| Grandchildren _____ | |
| Present contacts and relationships with resident _____
_____ | |

- G. Resident's mental/emotional status:
1. Are there any problems we can expect? Suggestions for handling? _____

 2. How does resident accept reality? _____
 3. What was resident's usual temperament or disposition during earlier adult life? _____

 4. How is the present temperament of mental attitude of the resident different from the past ?
(For example: how do they get along with people? What upsets them?) _____

 5. What satisfaction does resident have in present life? _____
 6. What frustrations? _____
 7. Any medicine resident uses regularly? _____
- H. Admission Decision
1. Describe in your own words why resident is coming into the facility. Include details that you consider significant: _____

 2. Who was most influential in making the final decision and how did this come about? _____

III. PRESENT LIVING ARRANGEMENTS

1. Resident is presently located? _____ How long? _____
Owned their home? _____ Any plans to dispose of home? _____
Where lived most of adult life? _____
2. Whom does resident trust most? _____ The least? _____
3. Are there any financial problems the resident is worried about? _____

4. Can resident manage own pocket money? _____ How much? _____
Able to take care of own valuables? (Watch, rings, etc.) _____
Precautions _____

IV. MISCELLANEOUS CURRENT INFORMATION

1. What has resident been told about their condition and the outlook for the future? _____

2. What was his/her reaction? _____
What has resident been told about coming into the facility? _____
3. In the event resident improves sufficiently to be discharged, the tentative plan is that resident will be moved to: Own Home _____ Sheltered care home _____
Home of family member (name) _____

Home for the aged _____ Foster home _____
Other _____ No plan _____

What has resident been told about these plans and what is their reaction? _____

Where would they prefer to live? _____

Is there any other information you think we should know to assist us in caring for him/her? _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Admission Date _____ Completed by _____ Date _____

Reviewed by _____ Date _____